DATE RECEIVED



## STATE OF MAINE Bureau of Insurance

## **BUSINESS ENTITY REGISTRATION FOR BRANCH LOCATIONS**

Payment <u>must</u> be submitted with all applications. For Bureau Use Only Registration Fee: \$25 both Resident & Nonresident LIC#: **IMPORTANT INFORMATION pg 2 Definition of a Branch:** A branch office is any office location, other than the primary location of the licensed business entity, that regularly conducts insurance business or that is advertised as a place where the public may contact the business entity or its employees concerning insurance services. An office location that meets this definition that is itself a separate legal entity from the licensed business entity must obtain a separate business entity license and cannot be registered as a branch office. The licensed person designated as responsible for the business entity is responsible for all branch locations. Name of Main Office: FID #: \_\_\_\_\_ License # \_\_ Business Address: \_\_\_\_\_ Phone # \_\_\_\_\_ State of Domicile: A. Complete Business Name & Mailing Address of Branch (Name under which you are doing business in Maine) PO Box: \_\_\_\_\_\_ Street Address: \_\_\_ \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ C. Fax Number: D. FID # (Federal Identification Number) B. Business Phone Number E. Has the business entity ever been subject to an action by an insurance regulatory official or any other professional licensing organization? [ ] No [ ] Yes (If yes, explain and provide documentation.) Responsible Individual's signature (Main Office): \_\_\_\_\_\_ Dated: \_\_\_\_\_ Name typed: \_\_\_\_\_ License # \_\_\_\_ \_\_\_\_\_\_

L-100BRN (rev. 5/07)

## **BUSINESS ENTITY BRANCH REGISTRATION (page 2)**

## IMPORTANT INFORMATION

<u>Trade Names:</u> A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

<u>Maine Law</u>: Requires notification to the Superintendent within 30 days of: changes in business address, telephone number, name or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary action taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A MRSA §1419.

<u>Responsible Individual</u>: An individual must be designated responsible for the organization's compliance with the insurance laws and rules of this State. The responsible individual for a business entity must hold an active Maine producer license pursuant to Title 24-A M.R.S.A. Chapter 16, §1413 (3).

Make check payable to: Treasurer, State of Maine

**Note:** For each application submitted, please include one check for the total amount due. If paying by credit card, please complete the form that is available on our website:

RETURN registration and fees to: LICENSING

BUREAU OF INSURANCE 34 STATE HOUSE STATION AUGUSTA ME 04333-0034

Phone: (207) 624-8441 or (207) 624-8413

**E-mail us at:** kathryn.j.latulippe@maine.gov

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Visit us at our web page: www.maine.gov/insurance